



ANNUAL REPORT OF FUNERAL TRUST FUNDS

State Form 45266 (R2 / 1-00)

Indiana State Board of Funeral and Cemetery Service

302 W. Washington St., Rm. E034

Indianapolis, IN 46204

317-232-2980

Pursuant to IC 30-2-10-8, a funeral home, licensed under IC 25-15 that is named as beneficiary of funeral trust funds, shall annually report to the State Board of Funeral and Cemetery Service; for the period of January 1, 20 _____ to December 31, 20 _____.

Name of funeral home	Funeral home license number
Address of funeral home (number and street, city, state, ZIP code)	

NAME AND ADDRESS OF ANY TRUSTEE WITH WHICH FUNERAL TRUST FUNDS ARE DEPOSITED FOR THE FUNERAL HOME

Name of trustee	Name of trustee
Address (number and street, city, state, ZIP code)	Address (number and street, city, state, ZIP code)
Name of trustee	Name of trustee
Address (number and street, city, state, ZIP code)	Address (number and street, city, state, ZIP code)

NOTARY CERTIFICATE (SWORN OATH)

STATE OF _____	
COUNTY OF _____	SS:
I, _____, having been duly sworn on oath, say that I am the acting representative of the above named funeral home, that I have personally prepared the foregoing report, and that the same is true to the best of my knowledge and belief.	
Signature of acting representative of funeral home	Signature of Notary Public
Printed or typed name of acting representative	Printed or typed name of Notary Public
Title of acting representative of funeral home	County of residence
Date subscribed and sworn to Notary Public	Date commission expires

(If additional space is required, please use a separate sheet of paper)